Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Edwin O. MOZPNA MOVA PCS HC5 4905 YAbuco P. B.ODD6) Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 17 BK 3283-2 TS Claim Number: Nature of Claim: - Elly Villate flere By: Signature Eduia O Molina Molares Title (if Participant is not an individual)

Doc#:17715-1 Filed-08/08/51 Entered:08/06/51 bus of the Color of the C SAW JUNIV. P.R. 00918-1767 SAN JUAN PR 009 Eduth & Mozinamorales VA BUCO A P. R. 00767 HC#S Box 4905

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, if any: CAVMEN M. MOVAZES AMARO Participant's Name: HC 45 4905 YABUCOA P.R.00767 Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 12BK 3283-675 Claim Number: Nature of Claim: By: Carmen M. Trords amour CArMEN M. MOTATES AMALO Title (if Participant is not an individual) 03/08/2021

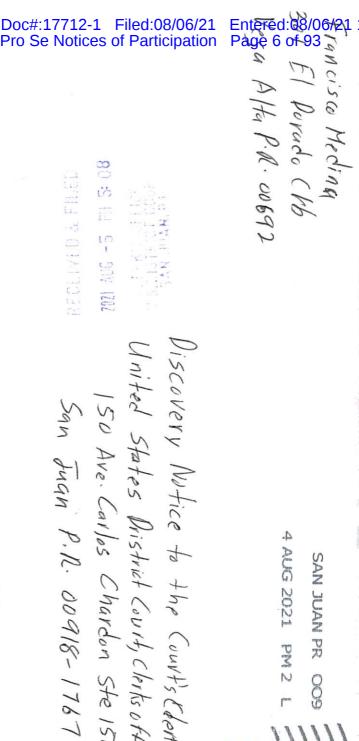
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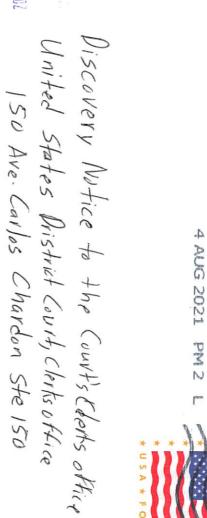
Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

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SAN JUAN PR 009

Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel, |
|---|
| if any: $\mathcal{H}$ .   |
| Participant's Name: SONNY MORETIA CABBERA EDIFICIO MEDICO PROFESIONAL OFICMA 211        |
| Participant's Address: (065 AVE · CORA) ONES (NOVACUES D. 2 · OOGSC)                    |
| Participant's Email Address:  |
| Name of Counsel:  |
| Address of Counsel:   |
| Email Address of Counsel:   |
| 2. Participant's Claim number and the nature of Participant's Claim:                    |
| Claim Number: 17 Bk 3283 - LTS  |
| Nature of Claim: SALARY NOT PAID BY GOVERNEUT OF By: Sorre P. P. IN YEAR 2000.          |
| Signature   |
| Somog H. Moretta CARREN   |
| Print Name  |
|   |
| Title (if Participant is not an individual)   |
| 8/2/202/<br>Date  |
|   |

Entered:08/06/21
Page 8 of 93
P Doc#:17712-1 Filed:08/06/21 Pro Se Notices of Participation SU 25 U8 · MORETTH - GREEN DEPENDENT OFIC 2/1 Sao Juao (21-3/200-1 1) 4 AUG 2021 PM 2 L SAN JUAN PR 009

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

Participant's Name:

Participant's Address:

P. O. Box. 3300, Vega Atta, Puerto Ria 00(492-330)

Participant's Email Address:

Kadelinea 2 gmail.com

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Sobile

Nature of Claim:

Empleado Publico Pensión Jubi lación

Signature

Modeline Telicipant Rivera

Print Name

Title (if Participant is not an individual)

A de Aposto de 2021

Sra. Madeline Feliciano Rivera P O Box 3300

Claim Number: 50516

Vega Alta, Puerto Rico 00692-3300

Pro Se Notices of Participation Page 40 of 93N PR 009

Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc:

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BEOFIAER & CIPPE

United States District Court Clerk's Office 150 Ave. Carlos Chardon Ste. 150 San Juan, Puerto Rico 00918-1767 Claim Number: 50516

Participant must provide all of the information below in English:

| 1.                                  | Participant's co   | ontact information           | , including ema | ail address, an | d that of  | its co            | unsel,        |
|-------------------------------------|--------------------|------------------------------|-----------------|-----------------|--|-------------------|---------------|
| Participant's l                     | Name:              | Mildred                      | Valle-          | Kodrigo         | cz   |                   |               |
| Participant's                       | Address:           | BOX 289                      | J Mayag         | ice PL          | 0068   |                   |               |
| Participant's l                     | Email Address:     | ukyva                        | 1@hot           | mail · cu       | m  |                   |               |
| Name of Cour                        | nsel:              | •                            |                 |                 |  |                   |               |
| Address of Co                       | ounsel:            |                              |                 |                 |  |                   |               |
| Email Addres                        | s of Counsel:      |                              |                 |                 |  |                   |               |
| 2.                                  | Participant's C    | aim number and t             | he nature of Pa | articipant's Cl | aim:   |                   |               |
| Claim Numbe                         | r:                 | 110661                       |                 | VA              |  | (~~)              | 73            |
| Nature of Clai  By: Signat  Print N | Cldred Vellured Va | De-Rodrigues<br>n. Ne-Rodrig | y<br>wed        |                 | S. CHE THICK TOUR<br>S. CHE THICK TOUR<br>S.AH JUAN TH | 1 AUG -5 FILS: 07 | OLIVED & TELL |
| Title (i                            | f Participant is n | ot an individual)            |                 |                 |  |                   |               |

Doc#:17712-1 Filed:08/06/21 Pro Se Notices of Participation 00010-170025 12.00918-1767 4 AUG 2021 PM 2 SAN JUAN PR 009 Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| if any:   |   |
|---|---|
| Participant's Name: Migdalia Gui  | 8388 Ponce P.R. of                          |
| Participant's Address: P. O. Box  | 8388 Ponce P.R. O                           |
| Participant's Email Address: migda laquinone                            | epucpr. edu                                 |
| Name of Counsel:  |   |
| Address of Counsel:   |   |
| Email Address of Counsel:   |   |
| 2. Participant's Claim number and the nature of Claim Number:    130788 | Participant's Claim:  F Education           |
| By: Myadow Down Lowing Signature  Migdalia Quiñone Roman  Print Name    | RECEIVED &  201 AUG -5  GLENK'S OF SAN JUAN |
| Title (if Participant is not an individual)  Date July 31, 202(.        | PN 5: 22                                    |

Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 Pro Se Notices of Participation Page 14 of 93 TS 60 X 8388 P.L 00732 Colling of the Republic of the Second of the Clerks 150 SAN JUAN PR 009 Carlos Chardos

Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc: Pro Se Notices of Participation Page 15 of 93

Participant's contact information, including email address, and that of its counsel.

Participant must provide all of the information below in English:

| if any:                      |   |
|------------------------------|---|
| Participant's Name:          | Ricardo Sodo Svarez                                 |
| Participant's Address:       | UNS El Torito Colle 2 I'L GAP. R cors               |
| Participant's Email Address: | V. 50 9475@ Chail. com                              |
| Name of Counsel:             | I don't have a lawyer                               |
| Address of Counsel:          | I don't have a lawyer                               |
| Email Address of Counsel:    | NA  |
| 2. Participant's C           | Claim number and the nature of Participant's Claim: |
| Claim Number:                | #36890  |
| Nature of Claim:             | Promese Litte III = = =                             |
| By: 12545.                   | SAUCE AND CELL                                      |
| Signature                    |   |
| Ricord S                     | Total Societ 220 20 60                              |
| Print Name                   |   |
| NI                           | 22  |
| Title (if Participant is     |   |
| 3/Aca                        | /21   |
| Date                         |   |

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Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel, |
|---|
| if any:   |
| Participant's Name: Vin-63-3K-N-1 Villy Fontany Caroling PR. w98                        |
| Participant's Address: Vin-63-3K-N-1 Villy Fontana Caroling Ph. 1898                    |
| Participant's Email Address:  |
| Name of Counsel:  |
| Address of Counsel:   |
| Email Address of Counsel:   |
| 2. Participant's Claim number and the nature of Participant's Claim:                    |
| Claim Number: 176190  |
| Nature of Claim: Despido In Jus Tifierdo  |
| By: Longin Godf reelend   |
| Signature Vosé Misual Rody Melendes   |
| Print Name  |
|   |
| Title (if Participant is not an individual)   |
| 2 AC/25 to /20/21   |
|   |
| Date  |

17712-1 Filed:08/06/21 Notices of Participation Filed:08/06/21 Entered: 08/06/21 Page 18 of 93 United STates DisTRICT COUNT, Clerk's SAN JUAN PR 009 152, 5An JUAN, P.R. W918-1767 2: 0. CI S NO S- SON PROFFICE, 150 AVI. Caylor Chandon STE. MUNT'S CLENKS OFFICE AT 3 AUG 2021 Vin-63-34-N-1 UND. VII / Bontons Jose Mignel Adupar Melands Caroling P.A. 00983

Participant must provide all of the information below in English:

| <ol> <li>Participant's of any:</li> </ol> | contact information, including email address, and that of its counsel, |      |
|---|--|------|
| Participant's Name:                       | Jorge A. Martinez Rodriguez<br>Hc. 64Bzn. 8508 Patilles, P.R. 00723    |      |
| Participant's Address:                    | Hc.64Bzn.8508 Patilles, P.R. 00723                                     |      |
| Participant's Email Address:              |  |      |
| Name of Counsel:                          | Account  |      |
| Address of Counsel:                       |  |      |
| Email Address of Counsel:                 |  |      |
| 2. Participant's 0                        | Claim number and the nature of Participant's Claim:                    |      |
| Claim Number:                             | COMMONWEALTH OF P.R. IZSE Number 17 BK                                 | 3283 |
| Nature of Claim:                          | To: Resolve: Deman: P.R. Police DEPT                                   | 21_  |
| By: Jorgeallan                            | ting Rodins  |      |
| By: Signature  Lorge A. Harti             | · D//  |      |
| Print Name                                | ner Kodrufter  | 9    |
|   |  |      |
| Title (if Participant is                  | not an individual)   |      |
| $\frac{8-4-1}{\text{Date}}$               |  |      |
| Date                                      |  |      |

12-1 Filed:08/06/21 tices of Participation Entered:08/06/21 Page 20 of 93 Filed:08/06/21 wited State District SAN JUAN PR 009 4 AUG 2021 PM 2 2021 AUG -5 PM 5: 18 arge a. Martiney Robins tillad, P.R. - 00723 64 B2.8508

# Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc: Pro Se Notices of Participation Page 21 of 93

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

| Participant's Name:   | Pedro   | Juan       | Perez  | Nieve | 2.                   | 18  |
|---|---------|------------|--------|-------|----------------------|---|
| Participant's Address:  | PO      | B04        | 86     | 32 Wc | lmac                 | cad PR  |
| Participant's Email Address:  | pererpe | d~995@     | gmail. | Comí  |                      |   |
| Name of Counsel:  |         |            |        |       |                      |   |
| Address of Counsel:   |         |            |        |       |                      |   |
| Email Address of Counsel:   |         |            |        |       |                      |   |
| 2. Participant's Cla Claim Number:  Nature of Claim:  By: Signature  Pedro J Pever  Print Name  Title (if Participant is no | 17 BK   | 3283<br>36 |        |       | 2021 AUG -5 PM 5: 19 | REELIVEU AND THEO CLERK'S DEFICE U.S. DISTRICT COURT SAN JUAN, PR |
| 08-03-3071<br>Date  |         |            |        |       | Φ                    |   |

Entered:08/06/21 Filed:08/06/21 tices of Participation Page 22 of 93 STATE OF THE PARTY To: Discovery Notice to the counts gerk's aftice At United states Pistaict Court, Clark's office 3 AM July, P.R. 20918-1767 SAN JUAN PR 009 4 AUG 2021 PM 2 L 61:5 Wd 5-9NY 1202 (50 AUC CARlos Chardon Ste 150 Humheso (90,00792.8632 4.0 Box 8633

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| if any:                       | , ·   |  |
|-------------------------------|---|--|
| Participant's Name:           | Carmen H Lopez Soutiag                              | 0  |
| Participant's Address:        | PO Box 456 Tog AHa, PRO                             | 70 <sub>6</sub> 21   |
| Participant's Email Address:  |   |  |
| Name of Counsel:              |   |  |
| Address of Counsel:           |   |  |
| Email Address of Counsel:     |   | <u> </u>   |
| 2. Participant's C            | Claim number and the nature of Participant's Claim: |  |
| Claim Number:                 | 70657   | -  |
| Nature of Claim:              | money owed for time worked                          | 1  |
| By: , Common to Soy Signature | oDez Santago  | U.S. DISTI   |
| Print Name                    | opez annago   | SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFICE<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SOFFI<br>SO |
| Title (if Participant is      | not an individual)                                  | 7 8  |
| 8-3-2021                      | <u> </u>  |  |
| Date                          |   |  |

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

| ii any:  |  |
|--|--|
| Participant's Name: Dolores M Gutierrez Soler  | i .  |
| Participant's Address: Calle Rio 62 Portal del Sol San Lorenz  | o PR00754                                  |
| Participant's Email Address: margie 0803 @ gmail. com  |  |
| Name of Counsel:   |  |
| Address of Counsel:  |  |
| Email Address of Counsel:  |  |
| 2. Participant's Claim number and the nature of Participant's Claim:   |  |
| Claim Number: 17 BK 3283-LTS   |  |
| Nature of Claim: Promesa III  By: Volume Solume Sol | 27   |
| Dolores M Gutserrez Soler Print Name   | RECEIVED<br>CLERKY<br>U.S. DISTR<br>SAN JI |
| Title (if Participant is not an individual)  | S OFFICE<br>UNN. PR                        |
| <u>Aug 3, 2021</u> Date  | 9 7 8                                      |

Filed:08/06/21 tices of Participation Entered:08/06/21 : Page 26 of 93 SAN JUAN PR 009 4 AUG 2021 PM 2 L 2021 AUG -5 PH 5: 19

### Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc: Pro Se Notices of Participation Page 27 of 93

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Noel David Nieves Garci Calle Fernando Calder 450 Urb- Roosevelt- Pato Rey, Su Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Commonwealth of Querto Rice et al., Nature of Claim. Signature Print Name Title (if Participant is not an individual)

c#:17712-1 Find ro Se Notices of Participal. Entered:08/06/21 14:22:0 Rage 28 of 93 3283-LTS ternande Calder 457 Roosevelt sen Juan System to the second Clerk's Office 150 Ave. Carlos Chardon Ste. 150 Sen Juan, P. R. 60918-1 States District Cours 4 AUG 2021 PM SAN JUA

Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc: Pro Se Notices of Participation Page 29 of 93

Participant must provide all of the information below in English:

|                            | s contact information, including email address, and the | iat of its counsel, |
|----------------------------|---|---------------------|
| if any:                    | -11 - 10 11   | 11 11 1             |
| Participant's Name:        | Edda Enid González                                      | <u>Maldonado</u>    |
| Participant's Address:     | H.C. 01 Box: 1556                                       |                     |
| Participant's Email Addres | sa Aibonito, P.R., 0070                                 | 5                   |
| Name of Counsel:           |   |                     |
| Address of Counsel:        |   |                     |
| Email Address of Counsel:  | ledarte gonzalez @gr                                    | mail.com            |
| 2. Participant's           | s Claim number and the nature of Participant's Claim    | 1:                  |
| Claim Number:              | 149943  |                     |
| Nature of Claim:           | Public Employee Clain                                   | ns-Retire           |
| By: x Edde E-              | Just Muldered   | System              |
| Signature                  |   |                     |
| Edda Enid E                | Sonzalez Maldonado                                      |                     |
| Print Name                 |   | 8                   |
|                            |   | AUG                 |
| Title (if Dortiniant       | is not an individual)                                   | G 2000              |
| Title (II Participant      |   | ज हम्रहेट           |
| x 4/ Agost                 | 0/2021.   | 고 음악을               |
| Date                       |   | 2 2 SECUL           |
| Instructions for Filing No | tion of Darticination: If you are represented by con-   | neal this Notice    |

Entered:08/06/21 Page 30 of 93 Doc#:17712-1 Filed:08/06/21 Pro Se Notices of Participation UD CARTANG -5 PM 5: 20 O. R., 00705 Sonzalez Maldon United States District Court ) P.K. 00918-1767 4 AUG 2021 PM 2 L SAN JUAN PR 009

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Gerardo Rodriguez Maldonado Participant's Name: HC-04 Box 5782 Guay rabo, P.R. 00971 Participant's Address: Participant's Email Address: 142migonzalez 310gmail.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 7 BK 3283-LTS Claim Number: Nature of Claim: By: Title (if Participant is not an individual) August 04,2021

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Page 32 of 93 evando Rodniguez

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San Juan, P.R. 00918-1767 

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# Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc: Pro Se Notices of Participation Page 33 of 93

Participant must provide all of the information below in English:

| 1. Participant's contact if any: | t information, including email address, and that of its counsel, | ,             |
|----------------------------------|--|---------------|
| Participant's Name:              | 12 N. Torres Lebron  | _             |
| Participant's Address:           | 0. BOX 762 Yabucoa P.A. 00                                       | 767           |
| Participant's Email Address:     |  | -             |
| Name of Counsel:                 |  | _             |
| Address of Counsel:              |  | -             |
| Email Address of Counsel:        | <i>t</i>   | -             |
| 2. Participant's Claim r         | number and the nature of Participant's Claim:                    |               |
| Claim Number:                    | 72657  | -             |
| Nature of Claim:                 | total  |               |
| By: Les M. T                     | our Shei   | U.S.          |
| Luz N. Tor                       | res Lebron 5   |               |
| Title (if Participant is not an  | n individual)  | TOURNE STATES |
| 4 Agosto 21 Date                 | 021  |               |

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## Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc Pro Se Notices of Participation Page 35 of 93

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

| if any:   |                                     |
|---|-------------------------------------|
| Participant's Name: Sylvia P. Dbén Morales  Participant's Address: 8061 Plaza Gaviotas Camino del   |                                     |
| Participant's Address: 8061 Plaza Gaviotas Camino del   | Har Too                             |
| Participant's Email Address: 50be n 89@ smail-com   |                                     |
| Name of Counsel:  |                                     |
| Address of Counsel:   |                                     |
| Email Address of Counsel:   |                                     |
| 2. Participant's Claim number and the nature of Participant's Claim:  Claim Number: 250747 (Pack ID)  Nature of Claim: Aromesa Title III  By: Signature  Signature  Print Name  Title (if Participant is not an individual)  8/4/202/ | U.S. DISTRICT COURT<br>SAN JUAN, PR |
| Date  |                                     |

Enteredos luia P. Obén Morales
Pago 36 pt 10 de l Mar
Pago mino de l Mar
Ros Baja, l. R. 00949 Doc#:17712-1 Filed:08/06/21 Pro Se Notices of Participation PA 5:21 San Juan . P.R. 150 Ave. Carlos Chardon Ste. 150 United States District Court Clerk's office 4 AUG 2021 PM 2 L 00918-1767 SAN JUAN PR 009

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

| ii aiiy.                          |                                       |                                   |
|-----------------------------------|---------------------------------------|-----------------------------------|
| Participant's Name: 50            | onia M. Arroya                        | 1-Granlay                         |
| Participant's Address:            | Dos Rios Calle 5.                     | -Granlan<br>-C-18, Toa Baja, P.F. |
| Participant's Email Address:      | NIA                                   | 00949-4025                        |
| Name of Counsel:                  | NIA                                   |                                   |
| Address of Counsel:               | NIA                                   |                                   |
| Email Address of Counsel:         | MA                                    |                                   |
| 2. Participant's Claim nu         | umber and the nature of Participant's | Claim:                            |
| Claim Number:                     | 90501                                 |                                   |
| Nature of Claim: PRO              | DMESA-Titlein-                        | Num. 17-03283                     |
| By: Semia Mo arr<br>Signature     | vyo-traulan                           |                                   |
|                                   | o-Graulau                             | AUG SAN                           |
| Print Name                        |                                       | - S                               |
| Tid (OD )                         |                                       | R 1776                            |
| Title (if Participant is not an i | ndividual)                            | 51 2 PM EB                        |
| Ougust 4, 2<br>Date               | 02/                                   |                                   |

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Participant must provide all of the information below in English:

| if any:  | I IIS COI | unsei,                |
|--|-----------|-----------------------|
| Participant's Name:  Luz Nereida Torres Le Participant's Address:  P. D Box 762 Jabucoa P. | bro       | n                     |
| Participant's Address: P. D Box 762 Jabucoa P.   | B. C      | x0767                 |
| Participant's Email Address:   |           |                       |
| Name of Counsel:   |           |                       |
| Address of Counsel:  |           |                       |
| Email Address of Counsel:  |           |                       |
| 2. Participant's Claim number and the nature of Participant's Claim:                       |           |                       |
| Claim Number: 172601   |           |                       |
| Nature of Claim: +o+al   |           |                       |
| By: Signature  |           |                       |
| Luz Wereida Torres Lebron Print Name   | 202       | c *                   |
| Finit Name   | AUG       | ECLINA<br>CLER<br>SAN |
| Title (if Participant is not an individual)  | di        | EES                   |
| 4 Agosto 2021  | T.        | 1867<br>1867          |
| Date   | 5:21      | are.                  |
| Instructions for Eiling Notice of Participation: If you are represented by counsel         | thic N    | otice                 |

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Page 40 of 90 Nerei da Torres Lel Doc#:17712-1 Filed:08/06/21 Pro Se Notices of Participation -Nereida Torres Lebror 2021 AUG -5 PM 5:21 00010-1700NU 4 AUG 2021 PM 2 L SAN JUAN PR 009

San Juan, P.R. 00918-1767. the Carlos Chardons United States

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

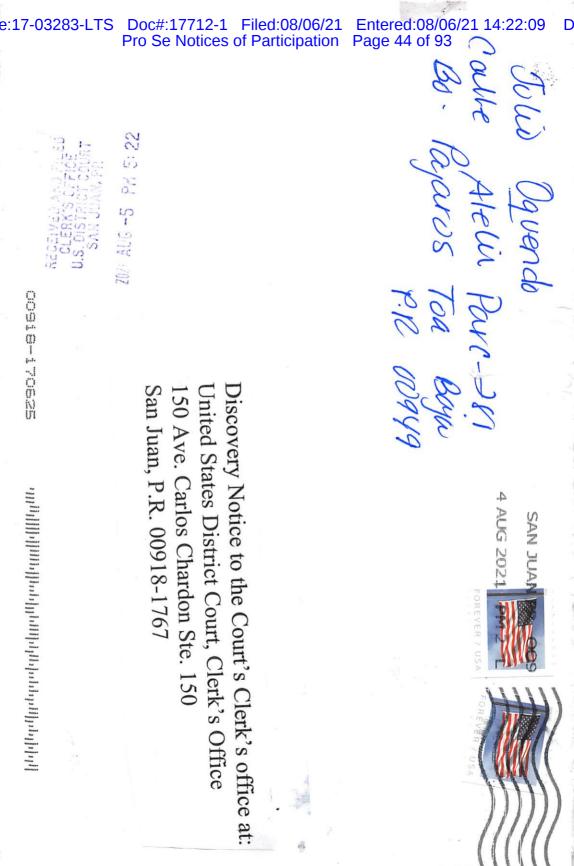
1.

| if any:                                      |                                  |
|--|----------------------------------|
| Participant's Name: Noe! David               | Nieves García                    |
| Participant's Address: Urb Roseve            | do Calder 4 5 Ban Tuan,<br>009/8 |
| Participant's Email Address:                 | 00918                            |
| Name of Counsel:                             |                                  |
| Address of Counsel:                          |                                  |
| Email Address of Counsel:                    |                                  |
| 2. Participant's Claim number and the nature | of Participant's Claim:          |
|  | 83 -275                          |
| Nature of Claim: The Common                  | wealth of Pulstr Rice            |
| By:  |                                  |
| Signature                                    | SOME SOME                        |
| Noel D. Nienes                               | 6 (독립경)                          |
| Print Name                                   |                                  |
|  | ਰ ਡੋਵੇਜ਼                         |
| Title (if Participant is not an individual)  | 22                               |
| 3 agosto de 2021                             |                                  |
| Date   |                                  |

Entered: 08/06/2 Page 42 of 93 0 Doc#:17712-1 Filed:08/06/21 Pro Se Notices of Participation to Rica 00918 Fernando Calder 457 Roosevelt- San Tuan David Niewes Gentin 00010-170025 Carlos San Juan, 4 AUG 2021 PM 2 SAN JUAN PR 009 00918-1767

Participant must provide all of the information below in English:

| <ol> <li>Participant's contact information, including email address, and that of its<br/>if any:</li> </ol>                       | s counsel,  |
|---|---|
| Participant's Name: Julio Oquendo matias  |   |
| Participant's Address: Calle Aleli# 281-Bo. Candelaria, Sector Toa Baja, P.R. 00949   | - Capitan   |
| Participant's Email Address: HA   |   |
| Name of Counsel:  |   |
| Address of Counsel:   |   |
| Email Address of Counsel: NA  |   |
| 2. Participant's Claim number and the nature of Participant's Claim:  |   |
| Claim Number: 501-8243701-951   |   |
| Nature of Claim:  By: Signature  Julio Oquendo Matias  Print Name  Title (if Participant is not an individual)  3 Ago. 2021  Date | U.S. DISTRICT COURT SAN JUAN PR  2021 AUG -5 PH 5: 22 |



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

| ir any:  |
|--|
| Participant's Name:  Participant's Address:  Participant's Email Address:  Participant's Name:  Participant's Name:  Participant's Name:  Participant's Address:  Participant's Address:  Participant's Email Address:   |
| Participant's Address: Caffe Fernando Calder 457 - Urb.  |
| Participant's Email Address: Rica 00918  |
| Name of Counsel:   |
| Address of Counsel:  |
| Email Address of Counsel:  |
| 2. Participant's Claim number and the nature of Participant's Claim:   |
| Claim Number: 17 BK 3283 - LTS   |
| Claim Number: 17 BK 3283-LTS  the Commonwealth of Paerto Rice, The Nature of Claim: Employees Referement of the Common wealth  |
| By: Why West Parto Rose, and the Querto Rice Rubbic  |
| Signature  |
| Jeffrey Allen Nieves Garesa  |
| Print Name   |
| The second secon |
| Title (if Participant is not an individual)  |
| 3 agosto 2021  |
| Date   |

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### Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc Pro Se Notices of Participation Page 47 of 93

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

| ii aiiy.                     |   |  |
|------------------------------|---|--|
| Participant's Name:          | Corlos R. Rodriguez Gonzalez                        |  |
| Participant's Address:       | BO. Cogui Calle Bentances # 420 Aqui                | re P.Rooto.  |
| Participant's Email Address: | jude Neile @ yahow.com                              |  |
| Name of Counsel:             |   |  |
| Address of Counsel:          |   |  |
| Email Address of Counsel:    |   |  |
| 2. Participant's             | Claim number and the nature of Participant's Claim: |  |
| Claim Number:                | Reclamación   | -  |
| Nature of Claim:             | Reclamación   | U.S.C.   |
| By: CL R4 Signature          |   | stand and the same   |
|                              | Iriquez Gonzalez                                    | The Contract of the Contract o |
| Print Name                   |   |  |
| Title (if Participant is     | s not an individual)                                |  |
| 04/08/21<br>Date             |   |  |

Doc#:17712-1 Filed:08/06/21 Entered:08/06 Pro Se Notices of Participation Page 48 of 93 Entered:08/06/21 14:22:09 00918-1767 4 AUG 2021 PM 2 Justed States District Court Jan Juan, P.R. MONOCH-D-MONOCH Carlos R. Rodinguez Conzella Bo Cogos Cello Betaves #400 Lawirre P.R. 00704

Participant must provide all of the information below in English:

| 1. Participant's co          | ontact information, | , including email add | dress, and that o | of its couns | el,  |
|------------------------------|---------------------|-----------------------|-------------------|--------------|--|
| Participant's Name:          | Anabelle            | Casiano               | Alicea            | -            | <del>4/</del>  |
| Participant's Address:       | HC-7 3              | 5/08 Juana            | Siaz, P.R.        | 00795        | real   |
| Participant's Email Address: | casianoanal         | belle @ yahon         | J. Com            |              | _  |
| Name of Counsel:             |                     |                       |                   |              |  |
| Address of Counsel:          | 4.4                 |                       |                   |              |  |
| Email Address of Counsel:    |                     | <u> </u>              |                   |              | All years  |
| 2. Participant's C           | laim number and th  | he nature of Particip | ant's Claim:      |              |  |
| Claim Number:                | 114499              |                       | 1 7               |              |  |
| Nature of Glaim:             | Promesa -           | Title III             | 34                |              | eric di  |
| By: Chelle Con               | alien               |                       |                   |              |  |
| Signature                    | 0.7                 |                       |                   | 71           |  |
|                              | siano Alice         | ia .                  |                   | 7            | U.S.O  |
| Print Name                   |                     |                       |                   | AUG -        | AND DESCRIPTION OF THE PROPERTY OF THE PROPERT |
| Title (if Participant is 1   | not an individual)  |                       |                   | 5            | REST<br>AND<br>AND<br>AND<br>AND<br>AND<br>AND<br>AND<br>AND<br>AND<br>AND   |
| Acronal 3                    | וכטי                |                       |                   | Ċ.           | PROPE  |
| Data                         |                     |                       |                   | 2            | CT.  |

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## Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc: Pro Se Notices of Participation Page 51 of 93

Participant must provide all of the information below in English:

| <ol> <li>Participant's c</li> </ol> | contact information, including email address, and that of its couns | sel,   |
|-------------------------------------|---|--------|
| if any:                             |   |        |
| Participant's Name:                 | Maida Morales Ramírez   |        |
| Participant's Address:              | 8061 Plaza Gaviotas Camino des P                                    | la,    |
| Participant's Email Address:        | maidaram 88@ hotmail-com  | _ 3    |
| Name of Counsel:                    | NA  |        |
| Address of Counsel:                 |   |        |
| Email Address of Counsel:           |   |        |
| 2. Participant's C                  | Claim number and the nature of Participant's Claim:                 |        |
| Claim Number: PAcKID:               | 242895  |        |
| Nature of Claim:                    | Promesa TiTle III   |        |
| By: / Baid Stu                      | The Ranning   | -      |
| Signature                           | ales Ramíso   |        |
| Print Name                          | in Camille  | HOSE . |
|                                     |   | 391    |
| Title (if Participant is            | not an individual)  |        |
| 8/4/2021                            | 23  | -      |
| Date                                |   |        |

# Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc: Pro Se Notices of Participation Page 52 of 93

Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel,                           |
|---|
| if any:   |
| Participant's Name: Maida Monales Ramire  |
| Participant's Name: Haidu Horales Remire -  Participant's Address: 8061 Plaza Gaviotas Camino de Meritoa Baja P.1 |
| Participant's Email Address: maidavam 88@ hotmail-com   |
| Name of Counsel:  |
| Address of Counsel:   |
| Email Address of Counsel:   |
| 2. Participant's Claim number and the nature of Participant's Claim:  |
| Claim Number: Pack ID: 242896   |
| Nature of Claim: 1 Promesa Title III  |
| By: Duid Male Janus   |
| Signature Signature   |
| Maide Monles Lamine   |
| Print Name  |
| Title (if Destining at an individual)   |
| Title (if Participant is not an individual)   |
| 8/4/2021  |
| Date  |

Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and tha | it of its counsel,                    |
|--|---------------------------------------|
| if any:  Participant's Name: Maida Morales Ran                         |                                       |
| Participant's Address: 8061 Plaza Gaviotas Cam                         | inodel                                |
| Participant's Email Address: maidaran 88 @ hotmail-com                 | 5a, a, r- K.                          |
| Name of Counsel:   |                                       |
| Address of Counsel:  |                                       |
| Email Address of Counsel:  |                                       |
| 2. Participant's Claim number and the nature of Participant's Claim:   |                                       |
| Claim Number: Pack ID: 242894  |                                       |
| Nature of Chaim: PROMESA TITLE   | 711                                   |
| By: Maidellich Remir   |                                       |
| Signature Harales Ramine   | 2021                                  |
| Print Name   | AUG                                   |
| Time ivanie  | S S S S S S S S S S S S S S S S S S S |
| Title (if Participant is not an individual)                            | PR AND                                |
| 8/4/2021   | 5: 2                                  |
| Date   | -                                     |

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Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel, |
|---|
| if any:   |
| Participant's Name: Wand Tuette Vidro Santam  |
| Participant's Address: HC 09 - BOX 4535 Sabara Gran                                     |
| Participant's Email Address: CCC//OY(O) 001. COM  |
| Name of Counsel:  |
| Address of Counsel:   |
| Email Address of Counsel:   |
| 2. Participant's Claim number and the nature of Participant's Claim:                    |
| Claim Number: (20/2-1050)   |
| Nature of Claim: (a.Se Number CES 00-16-1639)   |
| By: Dept. of Health.  |
| Signature K   |
| Print Name  OO O O O O O O O O O O O O O O O O O  |
|   |
| Title (if Participant is not an individual)   |
|   |
| Date N = 1  |

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Participant must provide all of the information below in English:

| Participant's Name:  Participant's Address:  Participant's Email Address:  Name of Counsel:  Address of Counsel: | -<br>guirar<br>-<br>0070 |
|--|--------------------------|
| Name of Counsel:   | 90108-<br>-              |
| Name of Counsel:   | _                        |
| *  | _                        |
| Address of Counsel:  |                          |
|  |                          |
| Email Address of Counsel:  |                          |
| 2. Participant's Claim number and the nature of Participant's Claim:   |                          |
| Claim Number: (70782   | _                        |
| Claim Number: 170782  Nature of Claim: Revanació ~ - Proof of Claim:   | ains                     |
| By: Relbar Codoney Jaims A<br>Signature  |                          |
| Rube » Rodriguez Tai man   |                          |
| Print Name   |                          |
| Title (if Participant is not an individual)  3 1 0 7 202/ Date   |                          |

Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Pro Se Notices of Participation Page 58 of 93 17. 00918-1767 SAN JUAN PR Colle Before # 430 Bo. Cogs, MNWONT-0-000

### Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc: Pro Se Notices of Participation Page 59 of 93

Participant's contact information, including email address, and that of its counsel.

Participant must provide all of the information below in English:

1.

if any: CARMEN SOCORRO GONZALEZ GARCIA Participant's Name: CALLE 14 GG EXT. LOS TAMALINDOS, SAN LORENZO, Participant's Address: Participant's Email Address: COOS Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: CASE No: 17 BK 3283-47 Claim Number: INTENT to PARTICIPATE IN DISCOVERY NOTICE Nature of Claim: Signature Print Name Title (if Participant is not an individual)



Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc: Pro Se Notices of Participation Page 61 of 93

Participant must provide all of the information below in English:

|                  | , ,             |                            |                    |               |               |
|------------------|-----------------|----------------------------|--------------------|---------------|---------------|
| Participant's Na | f any:          | Maritza-                   | Rodnigu            | ez-Oiaz       | *             |
| Participant's Ad |                 | Maritza - ?<br>Hc-4 Box 18 |                    |               |               |
| Participant's Em | ail Address:    | mrodriguez                 | 58.mr6             | gmail. con    | <u>x</u>      |
| Name of Counse   |                 |                            |                    |               | NECE SUPPLIES |
| Address of Cour  | nsel:           |                            |                    |               | G AN STREET   |
| Email Address of | of Counsel:     |                            |                    |               |               |
| 2. P             | articipant's Cl | aim number and the r       | nature of Particij | pant's Claim: | Si Night      |
| Claim Number:    | -               | 64391                      | <u> </u>           | 210           |               |
| Nature of Claim  | : .             | daims for                  | unpaid a           | occured sic   | K. days       |
| By: Nau Signatur | ito Rudnig      | ug Sia                     | 1                  |               | l             |
| Han<br>Print Na  | tza Roce        | driquez Viaz               | 3                  |               |               |
|                  |                 | not an individual)         | , ,                |               |               |
| 4 de<br>Date     | agosto d        | e 2021   Augu              | 16t 4/2001         |               |               |

Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 HC-4 Box 12673 4 AL Rio Grando, P.R. 00745 4 AUG 2021 PM 2

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### Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Pro Se Notices of Participation Page 63 of 93

Participant must provide all of the information below in English:

| <ol> <li>Participant's of any:</li> </ol> | contact information, including email address, and that of its counsel, |
|---|--|
| Participant's Name:                       | Justina Otero Cruz   |
| Participant's Address:                    | Urb. Vista Monte-C5 H7 Cidra P.R. 00739                                |
| Participant's Email Address:              | tina.oteroahotmail.com   |
| Name of Counsel:                          |  |
| Address of Counsel:                       |  |
| Email Address of Counsel:                 |  |
| 2. Participant's C                        | laim number and the nature of Participant's Claim:                     |
| Claim Number:                             | 176372   |
| Nature of Claim:                          | Empleados Públicos/Jubilación  |
| By: Justina                               | Oters Con  |
| Signature                                 | Otero Cruz   |
| Print Name                                | PG-2   |
|   |  |
| Title (if Participant is r                | oot an individual)   |
| 3 (10 agos -                              | to de 2021   |

Tustina Case: 17,03288-LTS Doc#:17712-1 Filed: 08/06/21 Entered: 08/06/21 14:22:09 Desc. Pero Se Notices of Participation Page 64 of 93 N PR 009

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> United States District Court Clerk's Office El: S Wd 5-90 V 170 50 Ave. Carlos Chardon Ste- 150 COLERN'S OFFICE OUR SAN JUAN, b. B. CLERN'S OFFICE COURT SAN JUAN, P. B. OD 18-1262 COURT SAN JUAN, P. B. OD 18-1262

00918-170625

1.1.1.1.1[[.][[...]][[...][[...][[...][[...][[...][[...][[...]

Participant must provide all of the information below in English:

| 1. Participant's of if any:  | contact information, including email address, and that of its counsel, |       |
|------------------------------|--|-------|
| Participant's Name:          | JOSÉ G. MADONADO BEMMIDS   |       |
| Participant's Address:       | Bo Centerejos I San José # & Cidr                                      | 9 1.1 |
| Participant's Email Address: | JEMA When @ EMAIL. COM   | 001   |
| Name of Counsel:             |  |       |
| Address of Counsel:          |  |       |
| Email Address of Counsel:    |  |       |
| 2. Participant's C           | Claim number and the nature of Participant's Claim:                    |       |
| Claim Number:                | 176367   |       |
| Nature of Claim:             | Empleado gublico/jubilado  |       |
| By: All                      |  | 7     |
| Signature                    | MADU Bennio  | CEN   |
| Print Name                   | MADO DENNO   | 105 A |
| ·                            | PR PR  | 200 C |
| Title (if Participant is a   | not an individual)   | 13    |
| 3 de julio e                 | 15 DU Z/   |       |

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Page 66:0f 930Se Certenejon Jose Ho THE SHI S- SIN IN SO HUE Carlos Chardon Ste. 150 United States District Court Clerk's Office San Juan, P. R. 00918-1767 00918-170625 4 AUG 2021 PM 2 L SAN JUAN PR 009

Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its counsel,  |     |
|--|-----|
| Participant's Name: Ramon Ramos Vorres  Carretera 352-KO.9-HCG Bot 6280  |     |
| Faithcipaint's Name.   | _   |
| Participant's Address: Carretery 352-KO.9-HC6 Box 6280   | 3   |
| Participant's Email Address:   |     |
| Name of Counsel:   |     |
| Address of Counsel:  |     |
| Email Address of Counsel:  |     |
| 2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Claim Numbe | Ide |
| Claim Number: - Claim Number:  |     |
| Nature of Claim: 151-640 Degartamento Educacións 12 Julio - 79-609   |     |
| By: Selevi   |     |
| Signature  | 70  |
| Ramin Ramos Torres   | 2   |
| Print Name   | 9   |
|  | 5   |
| Title (if Participant is not an individual)  |     |
| 31-Julio 2021  | ,   |
| Date   |     |

United 5 797es District Court, clerks

Ofice, 150 Ave. Carlos Chardon Ste. 150

San Juan, P.R. 00918-1767.

Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc:

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OLERW'S OFFICE

U.S. DISTRICT COURT

SAN JUAN, PR

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00918-170625 Մարմիրդինկիրկանիլինկինինի

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

| Participant's Name: Jorge L. Valentin Barro                          |            |
|--|------------|
| Participant's Address: P.O. Box 259, Hormiqueros, P.X                | 1000066    |
| Participant's Email Address: Jorge Valentinhavro @ 9 Mg              | 1/-Com     |
| Name of Counsel:   |            |
| Address of Counsel:  |            |
| Email Address of Counsel:  |            |
| 2. Participant's Claim number and the nature of Participant's Claim: |            |
| Claim Number: 17 BK 3283 - 1+5                                       |            |
| Nature of Claim: Promesa title III Jon ntly Admin                    | nistered   |
| By: Laige for Miller Paris   | 787        |
| Signature  | SAI<br>SAI |
| Jorge L. Valentin Barro  | -5         |
| Print Name   | 교 중국위를     |
|  |            |
| Title (if Participant is not an individual)                          | T P        |
| August 4, 2021<br>Date   |            |

From, Fase:17-03283-LTS | Doc#:17712-1 | Filed:08/06/21 | Entered:08/06/21 14:22:09 | Desc. |
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Prom, Fase:17-03283-LTS | Doc#:17712-1 | Filed:08/06/21 | Entered:08/06/21 14:22:09 | Desc. |
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Hormiqueros P. Rico 00668

to. United States Distict Court, Clerk's office 150 Ave. Carlos Chardon ste. 150, San Juan, P.R. 00918-1767 Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc Pro Se Notices of Participation Page 71 of 93

Participant must provide all of the information below in English:

| 1. Participant's c  | ontact information, in | ncluding email addres   | s, and that of it | s counsel,       |            |
|---|------------------------|-------------------------|-------------------|------------------|------------|
| if any:   | Fuelun                 | Cardona                 | Pin               |                  |            |
| articipant's Name:  | Roeigh                 | Carcon                  | Xui Z             | n = 10/          | 10         |
| articipant's Address:   | P.O. BOX               | 259 Hormig              | ueros, R.         | Kico 006         | 60         |
| if any: Participant's Name: Participant's Address: Participant's Email Address: | Evelynca               | rdonal950 @             | 3 G mai           | com              |            |
| Name of Counsel:  |                        |                         | 12/2/             |                  |            |
| Address of Counsel:   |                        |                         |                   |                  |            |
| Email Address of Counsel:   | U-Caracter Control     |                         | - Laboratoria     |                  | -          |
| 2. Participant's  | Claim number and th    | e nature of Participant | t's Claim:        |                  |            |
| Claim Number:   |                        | 283-LTS                 |                   |                  |            |
| Nature of Claim:  | Promeson               | title III               | Jointly)          | administer       | ed         |
| By: Evely Ca  |                        |                         |                   | U.S. DIS<br>SAN  | RF III     |
| Evelyn Ca<br>Print Name   | rdona Ruiz             | ٠                       |                   | -5 PM            | TANKE TO A |
|   | 1 11 11 1              |                         |                   | 5: - Signature 1 | 7          |
| Title (if Participant i   |                        |                         |                   | S                |            |
| august 4)   | 2021                   |                         |                   |                  |            |

From: Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Pro Se Notices of Participation Page 72 of 98 No PR 009 Desc P.O. Box 259 4 AUG 2021 PM 2 L Mormiqueros, P. Rico 00660 To. United States District Court, Clerk's Office 150 Ave. Carlos Chardon Ste. SI :S Hd S- 9NV IZOZ 150, San Juan, P. Rico. 00918-1767 SAN JUAN, PR U.S. DISTRICT COURT CLERK'S OFFICE CLERK'S OFFI CLERK'S OF 00918-170625

#### Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc: Pro Se Notices of Participation Page 73 of 93

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel, if any: Norma I. Llera Rodriquez Participant's Name: Urb. Sierra Bayamón, 45-18-425+ Bayaman Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 7355 Claim Number: Law 89 (17-03283 Nature of Claim: Narria D. Llera By: Worma I. Lleva Rodriguez Title (if Participant is not an individual)



Participant must provide all of the information below in English:

| 1. Participant's contact information, including email address, and that of its | counsel,     |
|--|--------------|
| if any:  |              |
| Participant's Name: Ninette Sorrano Rivera                                     |              |
| Participant's Address: Estancias Chalets 193 Ctrortosa Apt. 7                  | 5 P.R 0092   |
| Participant's Email Address: Ninette _ Serrano @ Jahoo . Com                   |              |
| Name of Counsel:   |              |
| Address of Counsel:  |              |
| Email Address of Counsel:  |              |
| 2. Participant's Claim number and the nature of Participant's Claim:           |              |
| Claim Number: 17BK 3283-LTS  |              |
| Nature of Claim: Promesa Title III   |              |
| By: Timette Sommo Rina   | 21           |
| Signature  | 5 5          |
| Ninette Serrano Rivera   | AUG          |
|  | <b>で 表記型</b> |
| Print Name   | <b>め 音型</b>  |
| Achosto 1 2021   | P 2218       |
| Title (if Participant is not an individual)                                    |              |
|  | - 4 8        |
| 1905to 1, JOJI   | S            |
| Date   |              |

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel. you may

Ninette Surare Case: 17-03283-LTS Doc#: 17712-1 Filed: 08/06/21 Entered: 08/06/21 14:22:09 Pro Se Notices of Participation Page 76/09/20 PR 009 Calle Tortosa. Apt 75 4 AUG 2021 PM 2 L 3.J.P.R. 00924 Discovery Notice to the Court's clerk's office at:



United States District Court's Clerk's Office 150 Ave. Carlos Chardon Ste. 150 San Juan, P.R. 00918 - 1767

Participant must provide all of the information below in English:

1.

Date

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Participant's Email Address:

Ignacia mercato martinez @gmail. com

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

176333

Treature of Counsel:

Participant's contact information, including email address, and that of its counsel,

| Claim Number:         | 116333  |
|-----------------------|---|
|                       | Incentive payment, Salary increa  |
| Nature of Claim:      | Incentive payment, Salary increased in Salary increased in Salary in Salary increased |
|                       | oMy salary and future retremts  |
| By:                   |   |
| Signature             |   |
| Emma Rei              | 12 Mercoso  |
| Print Name            |   |
|                       |   |
|                       |   |
| Title (if Participant | is not an individual)   |
| 4 de agost            | lo 2021   |

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

and 109/2008



# Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc Pro Se Notices of Participation Page 79 of 93

Participant must provide all of the information below in English:

1.

if any:

Participant's contact information, including email address, and that of its counsel,

| 1 20 1 1 1 1 1 1 1 1         |                 |                         |                |                                   |
|------------------------------|-----------------|-------------------------|----------------|-----------------------------------|
| Participant's Name:          |                 | Pales Auiz              |                |                                   |
| Participant's Address:       | HC-03           | 80x 37680               | MayaGicz       | P. P. 0068                        |
| Participant's Email Address: | Vate po         | ues 28 9 gmail          | · Com          |                                   |
| Name of Counsel:             |                 |                         |                |                                   |
| Address of Counsel:          |                 |                         |                |                                   |
| Email Address of Counsel:    |                 |                         |                |                                   |
| 2. Participant's C           | laim number a   | nd the nature of Partic | ipant's Claim: |                                   |
| Claim Number:                | C3004           |                         |                |                                   |
| Nature of Claim:             |                 |                         | 1 1 20 20 1    | -                                 |
| By: Rignature                | 3               |                         |                | RECEIV<br>CLER<br>U.S. DIS<br>SAN |
| Ratael Palés                 | Ruiz            | · ·                     |                | THE SAME                          |
| Print Name                   |                 | _                       |                |                                   |
| Title (if Participant is     | not an individu | _<br>ial)               |                |                                   |
| 3 760std 20<br>Date          | 081             | -                       |                |                                   |

80 of 0 3 Doc#:17712-1 Filed:08/06/21 Pro Se Notices of Participation Box 37686 2021 AUG -5 PM 5: 18 San Juan, P.R arlos 4 AUG 2021 PM 2 L 00918-1767

Attention of

July 30,2021

Discovery Notice to the Courts Clerks office

United States District court

Bankruptcy case No. 17BK3283-LTS, 17-BK-3284-LTS, 17-BK-3567-LTS, 17-BK-3566-LTS, 17-BK-4780-LTS, 19-BK-5523LTS

Participant Name

Richard Gerken

206 Middleton Place, Prosperity, SC. 29127

U.S. DISTRICT COURT
SAN JUAN, PR

Intention to be recognized as a creditor holding 10000 shares of Puerto Rico Commonwealth Public Improvement Bonds .

To be recognized as a creditor holding 10000 shares of Puerto Rico commonwealth Highway & Transportation Authority Bonds .

Also to hold open my right to enter additional discovery and receive notice of discovery and advancement of this case.

Richard Gerken

Signed Maker Laker

Doc#:17712-1 Filed:08/06/21
Pro Se Notices of Participation
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN. PR

2021 AUG -5 PM 5: 15 5 Court Clenks office office of the contract Entered:08/06/21 Page 82 of 93 Prosperity, SC 29127 PM 5: 19 SAN Juan, P. R. United States District Count 150 Aux. Carlos Chardon Ste. 150 00918-1767

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

| if any:                      |   |                             |
|------------------------------|---|-----------------------------|
| Participant's Name:          | Glorirma Barbosa Anaga                              | 2                           |
| Participant's Address:       | Urb. Villa Rosa 1 calle 5-D-11                      | Guagama, P.                 |
| Participant's Email Address: | gini-journey@hotmail.c                              |                             |
| Name of Counsel:             |   | 0                           |
| Address of Counsel:          |   |                             |
| Email Address of Counsel:    | * ×   |                             |
| 2. Participant's C           | Claim number and the nature of Participant's Claim: | 179                         |
| Claim Number:                | 130942  | RECO.                       |
| Nature of Claim:             | Accumulated retirement of                           | ontributions<br>f Education |
| Signature                    | ubosa Anaga   | FILED<br>N S- 22            |
| P                            |   |                             |
| Title (if Participant is     | not an individual)                                  |                             |
| Hugust 4 Date                | 2021  |                             |

Unb. Villa Rosa 1 calles-D-1

Guayana PR SD784

Johnma Barbosa Anaya

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Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc:

Pro Se Notices of Participation Page 85 of 93

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

| if any:                                     |                                |
|---|--------------------------------|
| Participant's Name: The IMA 7               | Berrios Torres                 |
| Participant's Address: PB Box 25            | 0247, Aguadilla, PR 00604-024  |
| Participant's Email Address: Tuettemadis    | , ,                            |
| Name of Counsel:                            |                                |
| Address of Counsel:                         | P. A.                          |
| Email Address of Counsel:                   |                                |
| 2. Participant's Claim number and the       | nature of Participant's Claim: |
| Claim Number: 17BK 32                       | 83-LTS                         |
| Nature of Claim:                            |                                |
| By: Whelma J. Bewins Towns Signature        | CETVE<br>SANJI                 |
| Thelma I. Berrios Torres Print Name         | AN. PHO                        |
|   | - E                            |
| Title (if Participant is not an individual) |                                |
| 2 de agosto de 2021<br>Date                 |                                |

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Spanish Please

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PLENC'S OFFICE PERMITTION FOR

Los United States District Court
Ober 150 Ave. Carbon Chardon Ste. 150 Ave. Carbon Ste. 150 Ave. Carbon Chardon Ste. 150 Ave. Carbon Ste. 150



For Box 250247
Remed Bose, 198 00604.024



#### Case:17-03283-LTS Doc#:17712-1 Filed:08/06/21 Entered:08/06/21 14:22:09 Desc: Pro Se Notices of Participation Page 87 of 93

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if anv:

| Participant's Name: Esther Rosario Charles                              |                  |
|---|------------------|
| Participant's Address: Urb Country Club Carre 506                       | OJ-10 Caroline   |
| Participant's Email Address: Prosays @ OurLook . Com                    |                  |
| Name of Counsel:  |                  |
| Address of Counsel:   |                  |
| Email Address of Counsel:   |                  |
| Nature of Claim:  Nature of Claim:  Ley (Scala Salaries # 94057/Ley# 96 | 1005 # 49762 LCY |
| Signature Charles   | - 5 ED & E       |
| Esther Rosario Charles Print Name                                       | \$ E             |
| Time Name   | 20               |
| Title (if Participant is not an individual)                             |                  |
| 08012021  |                  |
| Date  |                  |

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UNITED STATES POSTAL SERVICE®

United States District

Clark's office

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San Juan, P.R. 00918-1767 STE. 150

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**CERTIFIED MAIL®** 

Esther Rosario charlo Carolin- , Y.K. 00982 Urb Country club Call 506 0J-B

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Jerry González González Participant's Name: svaman # 490 Participant's Address: gonzalez 21 209 mail Participant's Email Address: Jenny gonzalez Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: lamación empleado publico Nature of Claim: Title (if Participant is not an individual)

Participant's contact information, including email address, and that of its counsel,

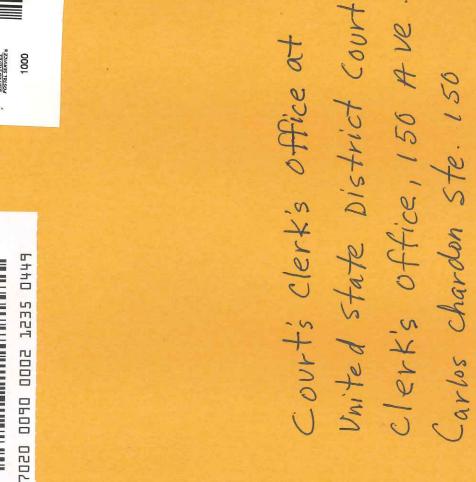
Participant must provide all of the information below in English:

1.

if any: Jenny González González Participant's Name: Participant's Address: Participant's Email Address: Lenny gonzalez gonzalez 21 @ gmail - com Name of Counsel: 850 3rd Avenue, Suite 412 Brooklyn N. Y 11232 Address of Counsel: PRACR process a prime cleark. com Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 17BK 3283 - LTS Claim Number: Reclamación empleado Público (Ley a Nature of Claim: By: Print Name Title (if Participant is not an individual)

P.R. 60918-1767





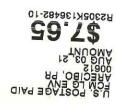


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Participant must provide all of the information below in English:

| 1. Participant's c               | ontact information, including email address, and that of its counsel, |
|----------------------------------|---|
| if any:                          | 11 $11$   |
| Participant's Name:              | Minerva Umo Diat  |
| Participant's Address:           | HC-05 BDX 34596, Hatillo, F. E 00659                                  |
| Participant's Email Address:     |   |
| Name of Counsel:                 | Departamento de Educación   |
| Address of Counsel:              | C. tegerico Acosta, S.J., 00918                                       |
| Email Address of Counsel:        | de pr. gov  |
| 2. Participant's                 | Claim number and the nature of Participant's Claim:                   |
| Claim Number:                    | 154030  |
| Nature of Claim:                 | Commonwealth of Puerto Rico   |
| By: Museum Ome<br>Signature      | o Dig   |
| Minerva C<br>Print Name          | mo Diaz   |
| Department Title (if Participant | of Education is not an individual)                                    |
| 30 Ijulio 120 Date               | 21  |







**JENTIFIED MAIL** 

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